

CERTIFICATION OF ELIGIBILITY FOR EMERGENCY MANAGEMENT PLATES

Department of Homeland Security (DHSES) authorization is required for the issuance of Emergency Management plates. DHSES authorization is NOT required to transfer existing Emergency Management plates. This form is to be used by New York State agencies and political subdivisions to certify eligibility for Emergency Management plates. A political subdivision is defined as a subdivision of New York State that has been delegated certain official functions of state or local government, including a government entity created by, or under the authority of, State law. A vehicle assigned Emergency Management plates must be owned or controlled by a state agency or a political subdivision and operated by its employees, or specifically designated agents thereof, in the course of their official duties. The vehicle must be registered in the name of the state agency or political subdivision.

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PLEASE CHECK THE APPROPRIATE			FICIA	L GOVERNI	MENT STATUS:				
Government Division, District or Oth		_	_		_				
State Agency County		☐ Town		Village	Authority				
Name of NYS Agency, County, City, Town, Village, District or Authority									
Department or Division									
Address									
Name of Department or Division Director		Business Phone		Busines	s E-Mail Address (Optional)				
DESCRIPTION OF VEHICLE(S):									
☐ Check this box if you are certifying i	nultiple vehicles. P	Provide the vehicle info	ormati	on on the reve	erse side of this form.				
☐ I am transferring plate	to	this vehicle.							
Year	make Make		M		Model				
/ehicle ID # (VIN)		Plate Number (if currently registered)		ered)	County of Primary Use				
CERTIFICATION									
I certify that the above-described vehicle application for registration applies, and that public officer or official who has been gran	the information conta	ained herein is true and	l accura	ate. I do so in 1	my capacity as a duly appointed				
I understand that knowingly making a false under Vehicle and Traffic Law, a misdem addition to revocation or suspension of the	eanor or felony und	er New York State Pe	enal La	w, and may 1	result in criminal prosecution in				
Emergency Management plate application by email to NYS_EM_Plates@dhses.ny.gov call DHSES at (518) 292-2200.									
Signature X Date:									
,	Sign Your Name in Full)								
Print Your Name:		Tit	tle:						
Address:									
City:			Z	Zip Code:					
Your Business Phone number ()	Yo E-I	ur Business Mail Address (optiona	al):						
I authorize the issuance of Emergence	I authorize the issuance of Emergency Management License Plates for vehicles (indicate the number of vehicles authorized).								
I authorize the issuance of Emergence Signature X Commissioner				Date:					
Commissioner	Signature X Date: Commissioner of Homeland Security and Emergency Services								
Authorization Code DMV Supervisor Approval X		Code from List		☐ Code fr	rom IOCU				
DMV Supervisor Approval X									
		(Signature)		Date.					

Description of Vehicle(s)									
YEAR	MAKE	MODEL	VIN	PLATE NUMBER (if currently registered)	COUNTY OF PRIMARY USE				